10/14/2010 13:22

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X | For O | ther Than An A | uthorized Com | mittee | | Office Use Only |
|---|---|---|-----------------------|-----------------------|-------------------|-------------------------------|
| NAME OF COMMITTEE (in full) | | EC MAILING LABE PE OR PRINT ₩ | L Example:If to | | | |
| Society for Vascular S | Surgery Political | Action Committee | | | | |
| | | | | | | |
| ADDRESS (number and stre | eet) 633 | N. St. Clair St. | | | | |
| Check if different than previously reported. (ACC) | | n Floor | | | | 60611 |
| 2. FEC IDENTIFICATIO | N NUMBER | — | CITY A | | STATE | ZIPCODE 🛕 |
| C00381459 | | 3. | IS THIS REPORT | NEW (N) OR | AM (A) | ENDED |
| 4. TYPE OF REPOR (Choose One) (a) Quarterly Report April 15 Quarterly Re July 15 Quarterly Re X October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (Termination (TER) | eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY) | (c) 12-Day PRE-Election Report for the Ele (d) 30-Day Post -Election Report for the | ection on General | tion (12C) | Sep 2 | in the State of |
| 5. Covering Period | 07 | 01 2010 | throu | ugh 09 | 30 | 2010 |
| I certify that I have examine Type or Print Name of Trea | | nd to the best of my becca M. Maron | knowledge and belie | f it is true, correct | and complete. | |
| Signature of Treasurer | Electronically F | iled by Rebecca N | Л. Maron | | Date 10 | 14 2010 |
| NOTE : Submission of fals | e, erroneous, o | r incomplete informa | ation may subject the | person signing th | nis Report to the | penalties of 2 U.S.C 437g. |
| Office Use | | | | | | FEC FORM 3X (Rev. 12/2004) |

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 22

Write or Type Committee Name Society for Vascular Surgery Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D [®]D 0.7 2010 0 1 2010 0.9 3 0 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 72295.01 January 1 (b) Cash on Hand at 94741.66 Begining of Reporting Period 7819.99 51766.64 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 102561.65 124061.65 6(a) and 6(c) for Column B) 8000.00 29500.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 94561.65 94561.65 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

3 / 22 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

м м 0 7 0 1 м°м 0 9 30 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4974.99 37866.64 (i) Itemized (use Schedule A) 2845.00 13900.00 (ii) Unitemized (iii) TOTAL (add 7819.99 51766.64 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 51766.64 7819.99 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00

0.00

7819.99

7819.99

0.00

51766.64

51766.64

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-----------------------------|-----------------------------------|
| Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 0.00 |
| 2. Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| Committees 3. Contributions to Federal Candidates/Committees and Other Political Committees | | 29500.00 |
| and Other Political Committees 1. Independent Expenditure | 8000.00 | 29300.00 |
| (use Schedule E) | 0.00 | 0.00 |
| Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 6. Loan Repayments Made | 0.00 | 0.00 |
| 7. Loans Made | . 0.00 | 0.00 |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| Other Disbursements | 0.00 | 0.00 |
| Federal Election Activity (2 U.S.C 431(20)(a) Shared Federal Election Activity |) | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 2. | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 8000.00 | 29500.00 |
| 2. Total Federal Disbursements | | |
| | 00.008 | 29500.00 |
| 2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 8000.00 | 29 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Total Contributions (other than loans) from Line 11(d), page 3) | 7819.99 | 51766.64 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7819.99 | 51766.64 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| C. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

FE6AN026

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|-------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political | e name and add | lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Carlo Dall'Olmo Mailing Address 5020 W. Bristol Road City Flint FEC ID number of contributing federal political committee. Name of Employer Michigan Vascular Center Receipt For: | State MI C Occupation Vascular | | Date of Receipt M M M |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Carlo Dall'Olmo Mailing Address 5020 W. Bristol Road | | 350.00 | Date of Receipt |
| City Flint FEC ID number of contributing | State MI | Zip Code 48507 | Transaction ID: SA11AI.5687 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Michigan Vascular Center Receipt For: Primary General Other (specify) ▼ | Occupation Vascular Aggregate | | 50.00 |
| Full Name (Last, First, Middle Initial) Carlo Dall'Olmo Mailing Address 5020 W. Bristol Road | | | Date of Receipt |
| City Flint FEC ID number of contributing | State MI | Zip Code 48507 | Transaction ID: SA11AI.5735 Amount of Each Receipt this Period 50.00 |
| federal political committee. Name of Employer Michigan Vascular Center | Occupation Vascular | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 450.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | | 150.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 22 (check only one) X 11a |
|--------|--|------------------------|---|---|
| A | ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political A | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| . Z | Full Name (Last, First, Middle Initial) | Action Comi | mittee | Data of Descript |
| ۱. | Dr. James M Estes Mailing Address 750 Washington Street Box 1015 | İ | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.5678 |
| | Boston | MA | 02111 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer P-TMC | Occupation vascular | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 |] |
| 3. | Full Name (Last, First, Middle Initial) Dr. Scott A Garner | | | Date of Receipt |
| | Mailing Address 5151 Gateway Center Suite 400 | | | 07 / 21 / 2010 |
| | City | State | Zip Code | Transaction ID: SA11AI.5647 |
| | FIInt FEC ID number of contributing federal political committee. | C | 48507 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Private Practice | Occupation Vascular | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 350.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Scott A Garner | | | Date of Receipt |
| | Mailing Address 5151 Gateway Center Suite 400 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.5691 |
| | FIInt FEC ID number of contributing federal political committee. | C | 48507 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Private Practice | Occupation Vascular | | 7 |
| | Receipt For: Primary General Other (specify) | · ' | Year-to-Date ▼ 400.00 | |
| Ę | SUBTOTAL of Receipts This Page (optional) | | | 600.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political | Statements may not be sold or used by any persole name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | Action Committee | |
| Dr. Scott A Garner Mailing Address 5151 Gateway Center Suite 400 | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City Flint | State Zip Code MI 48507 | Transaction ID: SA11AI.5734 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer Private Practice | Occupation Vascular Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) Dr. Allen Hamdan Mailing Address 110 Francis Street | | Date of Receipt |
| Suite 5B | Chata 7'm Cada | 09 20 2010 |
| City Boston | State Zip Code MA 02215 | Transaction ID: SA11AI.5731 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer Beth Israel Deaconess | Occupation Vascular Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Michael Harrington | | Date of Receipt |
| Mailing Address 1890 LPGA Blvd Suite 250 | | 07 21 YYYY 2010 |
| City Daytona Beach | State Zip Code FL 32117 | Transaction ID: SA11AI.5663 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Surgical Assocs. of Volus- ia | Occupation Vascular Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 200.00 |
| TOTAL This Period (last page this line number | r only) | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 22 (check only one) X |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political | name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Michael Harrington Mailing Address 1890 LPGA Blvd Suite 250 City Daytona Beach FEC ID number of contributing federal political committee. Name of Employer Surgical Assocs. of Volusia Receipt For: Primary General Other (specify) | State Zip Code FL 32117 C Occupation Vascular Surgeon Aggregate Year-to-Date 750.00 | Date of Receipt M M C 20 |
| Full Name (Last, First, Middle Initial) Dr. Michael Harrington Mailing Address 1890 LPGA Blvd Suite 250 City Daytona Beach FEC ID number of contributing federal political committee. Name of Employer Surgical Assocs. of Volusia Receipt For: Primary General Other (specify) | State Zip Code FL 32117 C Occupation Vascular Surgeon Aggregate Year-to-Date 800.00 | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5720 Amount of Each Receipt this Period 50.00 |
| Full Name (Last, First, Middle Initial) Dr. Michael Harrington Mailing Address 1890 LPGA Blvd Suite 250 City Daytona Beach FEC ID number of contributing federal political committee. Name of Employer Surgical Assocs. of Volusia Receipt For: Primary General Other (specify) | State Zip Code FL 32117 C Occupation Vascular Surgeon Aggregate Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.5737 Amount of Each Receipt this Period 100.00 |
| SUBTOTAL of Receipts This Page (optional) | | 200.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 22 (check only one) X |
|---------------------------------------|---|-----------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| / | Full Name (Last, First, Middle Initial) | Action Com | mitee | |
| Α. | Dr. Daniel Ihnat Mailing Address 1991 E Yalecrest Ave | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City Salt Lake City | State UT | Zip Code 84108 | Transaction ID: SA11AI.5685 |
| | FEC ID number of contributing federal political committee. | C | 64106 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer University of Utah | Occupatio vascular | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Larry Kraiss Mailing Address 30 N. 1900th | | | Date of Receipt |
| | City | State | Zip Code | 07 21 2010 Transaction ID: SA11Al.5664 |
| | Salt Lake City FEC ID number of contributing federal political committee. | C | 84132 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Univ. of Utah Medical Center | Occupatio vascular | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 300.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Timothy Kresowik | | | Date of Receipt |
| | Mailing Address 433 Galway Drive | | | 07 21 2010 |
| | City Iowa City | State IA | Zip Code 52246 | Transaction ID: SA11AI.5648 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer University of Iowa | Occupatio Vascular | n Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 600.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 22 (check only one) X |
|---|---|---|
| Any information copied from such Repror for commercial purposes, other than NAME OF COMMITTEE (In Full) Society for Vascular Surgery I | orts and Statements may not be sold or used by any persolusing the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial Dr. Timothy Kresowik Mailing Address 433 Galway D City Iowa City FEC ID number of contributing federal political committee. | | Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 0 2 0 1 0 Transaction ID: SA11AI.5696 Amount of Each Receipt this Period 50.00 |
| Name of Employer University of Iowa Receipt For: Primary General Other (specify) ▼ | Occupation Vascular Surgeon Aggregate Year-to-Date 300.00 | |
| Full Name (Last, First, Middle Initial Dr. Timothy Kresowik Mailing Address 433 Galway D | | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.5732 |
| Iowa City | IA 52246 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer University of Iowa | Occupation Vascular Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial Dr. Marvin Kuehner | | Date of Receipt |
| Mailing Address 9802 Country | | 09 10 2010 |
| City Marshfield | State Zip Code WI 54449 | Transaction ID: SA11AI.5727 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 34445 | 500.00 |
| Name of Employer Private Practice | Occupation Vascular Surgeon | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUPTOTAL of Possints This Page (s | ptional) | 600.00 |

| Mailing Address 4951 Shoreline Way City Charleston SC 29401 Transaction ID: SA11AI.5697 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) | ITI | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | totomonto mo | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 22 (check only one) X 11a |
|---|------|--|--------------|---|---|
| A. Dr. Stephen E Lee Mailing Address 4951 Shoreline Way City State Zip Code Charleston SC 29401 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Charleston SC 29401 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Charleston SC 29401 FEC ID number of contributing federal political committee. Name of Employer Cocupation Vascular Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Date of Receipt Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Transaction ID: Sa11A1.5695 Amount of Each Receipt this Period Transaction ID: Sa11A1.5695 Transaction ID: Sa11AI.5695 Transaction ID: Sa11AI | or f | or commercial purposes, other than using the NAME OF COMMITTEE (In Full) | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| City State Zip Code SC 29401 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Tone Sc 29401 Transaction ID: SA11Al.5665 Amount of Each Receipt this Period Food Receipt For: Primary General Other (specify) ▼ Date of Receipt Tone Sc 29401 Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5697 Amount of Each Receipt Tone Sc 29401 Transaction ID: SA11Al.5697 Amount of Each Receipt Tone Sc 29401 Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5697 Amount of Each Receipt Tone Sc 29401 Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5697 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Amount of Each Receipt this Period Transaction ID: SA11Al.5738 Transaction ID: SA11Al.5697 Transaction ID: SA11Al.5697 Transaction ID: SA11Al.5697 Trans | Α. | Dr. Stephen E Lee | | | M M / D D / Y Y Y Y |
| Name of Employer | | - | | • | Transaction ID: SA11AI.5665 |
| Vascular Surgeon Aggregate Year-to-Date ▼ 300.00 | | federal political committee. | | | 50.00 |
| B. Dr. Stephen E Lee Mailing Address 4951 Shoreline Way City State Zip Code Charleston SC 29401 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ City State Zip Code Charleston SC 29401 Federal political committee. C | | Receipt For: Primary General | Vascular | Surgeon e Year-to-Date ▼ | |
| Charleston SC 29401 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Cocupation Vascular Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 4951 Shoreline Way City Charleston FEC ID number of contributing federal political committee. Name of Employer Cocupation Vascular Surgeon Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | В. | Dr. Stephen E Lee | | | M M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Name of Employer Occupation Vascular Surgeon | | • | | Zip Code | Transaction ID: SA11AI.5697 |
| Vascular Surgeon Aggregate Year-to-Date ▼ | · | FEC ID number of contributing | | 29401 | |
| C. Dr. Stephen E Lee Mailing Address 4951 Shoreline Way City State Zip Code Charleston SC 29401 FEC ID number of contributing federal political committee. Name of Employer Coccupation Vascular Surgeon Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 9 / 2 0 / 2 0 1 0 Transaction ID: SA11AI.5738 Amount of Each Receipt this Period 50.00 | | Receipt For: Primary General | Vascular | Surgeon e Year-to-Date ▼ | |
| City Charleston SC 29401 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Vascular Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00 | C. | Dr. Stephen E Lee | | | M M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Occupation Vascular Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00 | | • | | Zip Code | Transaction ID: SA11AI.5738 |
| Vascular Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 | | FEC ID number of contributing | | 29401 | |
| Primary General Other (specify) ▼ 400.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | Primary General | Aggregate | | |
| SOBTOTAL OF MISST age (Optional) | sı | JBTOTAL of Receipts This Page (optional) | | | 150.00 |

| Information copied from such Reports and State commercial purposes, other than using the part of the purposes of the result of the purposes of the result of the purposes of the result of the purposes of the purpose o | Action Comm | | Date of Receipt Date of Receipt Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|--|--|--|--|
| ociety for Vascular Surgery Political A ull Name (Last, First, Middle Initial) r. Daniel I Martin ailing Address 239 Byron Ridge Drive ity lbany EC ID number of contributing deral political committee. | State GA | Zip Code | 0 7 2 1 2 0 1 0 Transaction ID: SA11Al.5666 |
| r. Daniel I Martin ailing Address 239 Byron Ridge Drive ity Ibany EC ID number of contributing deral political committee. | State GA | · | 0 7 2 1 2 0 1 0 Transaction ID: SA11Al.5666 |
| ity Ibany EC ID number of contributing deral political committee. | State GA | · | 0 7 2 1 2 0 1 0 Transaction ID: SA11Al.5666 |
| Ibany EC ID number of contributing deral political committee. | GA | · | |
| EC ID number of contributing deral political committee. | | 31721 | Amount of Each Receipt this Period |
| deral political committee. | C | | |
| ame of Employer rivate Practice | | | 100.00 |
| | Occupation | | 1 |
| eceipt For: | vascular s | urgeon ∕ear-to-Date ▼ | \dashv |
| Primary General Other (specify) ▼ | Aggregate | 300.00 | |
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| itv | State | Zip Code | Transaction ID: SA11AI.5698 |
| | GA | 31721 | Amount of Each Receipt this Period |
| | C | | 100.00 |
| ame of Employer rivate Practice | Occupation vascular s | urgeon | |
| eceipt For: Primary General Other (specify) ▼ | Aggregate Y | /ear-to-Date ▼ 400.00 | |
| | | | Date of Receipt |
| ailing Address 239 Byron Ridge Drive | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | State | Zip Code | Transaction ID: SA11AI.5739 |
| lbany | GA | 31721 | Amount of Each Receipt this Period |
| EC ID number of contributing deral political committee. | C | | 100.00 |
| ame of Employer rivate Practice | Occupation vascular s | urgeon | |
| eceipt For: Primary General Other (specify) | - | | |
| | Other (specify) Juli Name (Last, First, Middle Initial) r. Daniel I Martin ailing Address 239 Byron Ridge Drive Juli Name (Last, First, Middle Initial) Juli Name of Employer Trivate Practice Juli Name (Last, First, Middle Initial) r. Daniel I Martin ailing Address 239 Byron Ridge Drive Juli Name (Last, First, Middle Initial) r. Daniel I Martin ailing Address 239 Byron Ridge Drive Juli Name of Employer Juli Name (Last, First, Middle Initial) Juli Name (Last, First, Middle Initial) Juli Name (Last, First, Middle Ini | Other (specify) Ill Name (Last, First, Middle Initial) r. Daniel I Martin ailing Address 239 Byron Ridge Drive Ity State Ibany GA EC ID number of contributing deral political committee. Image: State GA CC ID number of contributing deral political committee. In Primary General Other (specify) Ill Name (Last, First, Middle Initial) r. Daniel I Martin In Daniel I Martin I | Other (specify) ▼ |

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| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 22 (check only one) X |
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| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Society for Vascular Surgery Political | Action Com | mittee | |
| ١. | Full Name (Last, First, Middle Initial) Dr. Daniel McGraw Mailing Address 705 Garfield Avenue | | | Date of Receipt |
| | Suite 460 | | | 07 21 2010 |
| | City Parkersburg | State WV | Zip Code 26101 | Transaction ID: SA11AI.5660 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20101 | 100.00 |
| | Name of Employer Camden Clark Mem Hosp, Ph- ys Of | Occupatio Vascular | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 600.00 | |
| . – | Full Name (Last, First, Middle Initial) Dr. Daniel McGraw | | | Date of Receipt |
| | Mailing Address 705 Garfield Avenue Suite 460 | | | 08 20 7 2010 |
| | City Parkersburg | State WV | Zip Code 26101 | Transaction ID: SA11AI.5700 |
| | FEC ID number of contributing federal political committee. | C | 20101 | Amount of Each Receipt this Period |
| | Name of Employer Camden Clark Mem Hosp, Ph- ys Of | Occupatio Vascular | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 700.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Daniel McGraw | | | Date of Receipt |
| | Mailing Address 705 Garfield Avenue Suite 460 | | | 09 20 2010 |
| | City | State WV | Zip Code | Transaction ID: SA11AI.5733 |
| | Parkersburg FEC ID number of contributing federal political committee. | C | 26101 | Amount of Each Receipt this Period |
| | Name of Employer Camden Clark Mem Hosp, Ph- ys Of | Occupatio Vascular | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 800.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 300.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 22 (check only one) X |
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| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political A | name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| ∠ A . | Full Name (Last, First, Middle Initial) Dr. George H Meier Mailing Address 5435 Hobbit Road | | | Date of Receipt |
| | City Cincinnati | State OH | Zip Code 45243 | Transaction ID: SA11AI.5670 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | Name of Employer private practice Receipt For: Primary General Other (specify) ▼ | Occupation vascular Aggregate | | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Donna Mendes Mailing Address 1090 Amsterdam Ave Suite 8F | | | Date of Receipt 0 8 2 0 2 0 1 0 |
| | City New York | State NY | Zip Code | Transaction ID: SA11AI.5701 |
| | FEC ID number of contributing federal political committee. | C | 10025 | Amount of Each Receipt this Period |
| | Name of Employer Private Practice | Occupation | n Surgeon | |
| | Receipt For: Primary General Other (specify) | - | e Year-to-Date ▼ 300.00 | |
| _). | Full Name (Last, First, Middle Initial) Dr. Donna Mendes | | | Date of Receipt |
| | Mailing Address 1090 Amsterdam Ave Suite 8F | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City New York | State NY | Zip Code | Transaction ID: SA11AI.5740 |
| | FEC ID number of contributing federal political committee. | C | 10025 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Private Practice | Occupation | n Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 400.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 300.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Society for Vascular Surgery Political | Action Com | mittee | |
| 4. | Full Name (Last, First, Middle Initial) Leila Mureebe | | | Date of Receipt |
| | Mailing Address Section of Vascular St Box 3467 | ırgery | | 08 20 7 2010 |
| | City | State NC | Zip Code | Transaction ID: SA11AI.5702 |
| | Durham FEC ID number of contributing federal political committee. | C | 27710 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Duke Univ. Medical Center | Occupation vascular | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 300.00 | |
| - 3. | Full Name (Last, First, Middle Initial) Dr. Robert Patterson | | | Date of Receipt |
| | Mailing Address 486 Silver Spring Street | et | | 07 21 2010 |
| | City | State | Zip Code | Transaction ID: SA11Al.5653 |
| | Providence FEC ID number of contributing federal political committee. | C | 02888 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer Providence Surgical Care Grp | Occupation vascular | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 225.00 | |
| _). | Full Name (Last, First, Middle Initial) Dr. Robert Patterson | | | Date of Receipt |
| | Mailing Address 486 Silver Spring Street | et | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.5703 |
| | Providence FEC ID number of contributing federal political committee. | C | 02888 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer Providence Surgical Care Grp | Occupation vascular | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 150.00 |
| | TOTAL This Period (last page this line number | only) | • | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Society for Vascular Surgery Political A | action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Geoffrey L Risley | | Date of Receipt |
| Mailing Address 3030 Lake Shore Blvd City | State Zip Code | 0 7 2 1 2 0 1 0 Transaction ID: SA11Al.5668 |
| Jacksonville | FL 32210 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 208.33 |
| Name of Employer Cardiothoracic & Vascular Ascs | Occupation Vascular surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1249.98 | |
| Full Name (Last, First, Middle Initial) Dr. Geoffrey L Risley | | Date of Receipt |
| Mailing Address 3030 Lake Shore Blvd | | 08 20 7 2010 |
| City | State Zip Code | Transaction ID: SA11AI.5705 |
| <u>Jacksonville</u> | FL 32210 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 208.33 |
| Name of Employer Cardiothoracic & Vascular Ascs | Occupation Vascular surgeon | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1458.31 | |
| Full Name (Last, First, Middle Initial) Dr. Geoffrey L Risley | | Date of Receipt |
| Mailing Address 3030 Lake Shore Blvd | | 09 / 20 / Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.5742 |
| <u>Jacksonville</u> | FL 32210 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 208.33 |
| Name of Employer Cardiothoracic & Vascular Ascs | Occupation Vascular surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1666.64 | |
| SUBTOTAL of Receipts This Page (optional) | | 624.99 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | · | 624.9 |

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| or for cor | nmercial purposes, other than using the E OF COMMITTEE (In Full) | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | ety for Vascular Surgery Political ame (Last, First, Middle Initial) | Action Com | mittee | |
| Dr. Ru | g Address 600 N. Cattleman Roa | d | | Date of Receipt |
| <u></u> | Suite 220 | 04-4- | 7:- Code | 09 16 2010 |
| City <u>Sara</u> | enta | State FL | Zip Code 34232 | Transaction ID: SA11AI.5729 |
| FEC I | D number of contributing all political committee. | C | 0420Z | Amount of Each Receipt this Period 500.00 |
| Name Sams VS | of Employer on, Showalter, Lepore | Occupatio | | |
| Recei | pt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| Dr. Lu | ame (Last, First, Middle Initial) is Sanchez | | | Date of Receipt |
| Mailin | g Address 169 South Graeser Str | 08 20 2010 | | |
| City | | State | Zip Code | Transaction ID: SA11AI.5706 |
| St. L | ouis | MO | 63141 | Amount of Each Receipt this Period |
| | D number of contributing al political committee. | C | | 100.00 |
| Name Wash | of Employer lington University | Occupation vascular | | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| | ame (Last, First, Middle Initial) is Sanchez | <u> </u> | | Date of Receipt |
| Mailin | g Address 169 South Graeser Str | eet | | 0 9 2 0 7 Y Y Y Y Y Y |
| City | | State | Zip Code | Transaction ID: SA11AI.5743 |
| <u>St. L</u> | ouis | MO | 63141 | Amount of Each Receipt this Period |
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| | of Employer lington University | Occupation vascular | | |
| | pt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 400.00 | |
| SUBTO | TAL of Receipts This Page (optional) | | | 700.00 |

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PAGE 19/22 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr. Sunita D Srivastava Mailing Address 2671 Cranlyn Road 08 10 2010 City State Zip Code Transaction ID: SA11AI.5682 **Shaker Heights** OH 44122 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer The Cleveland Clinic Occupation Vascular surgeon Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Sunita D Srivastava Date of Receipt Mailing Address 2671 Cranlyn Road 0 9 20 2010 City State Zip Code Transaction ID: SA11AI.5744 **Shaker Heights** OH 44122 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer The Cleveland Clinic Occupation Vascular surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General

| SUBTOTAL of Receipts This Page (optional) | • | 100.00 |
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| TOTAL This Period (last page this line number only) | • | 4974.99 |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | NUMBER: PAGE 20 / 22 | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only | 22 X 23 24 25 2 28a 28b 28c 29 3 | | | |
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| NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political Ac | | | | | | |
| Full Name (Last, First, Middle Initial) Ami BERA FOR CONGRESS | | | Transaction ID: SB23.5747 Date of Disbursement | | | |
| Mailing Address Post Office Box 582490 | 5 | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ | | | |
| City Elk Grove | State Zip Code CA 95758 | | Amount of Each Disbursement this Period | | | |
| Purpose of Disbursement Candidate Name | | Cotogony | 500.00 | | | |
| | sement For: 2010 | Category/ Type | | | | |
| Senate President State: CA District: 03 | Primary X General Other (specify) ▼ | | | | | |
| Full Name (Last, First, Middle Initial) Charles Boustany for Congress | | | Transaction ID: SB23.5745 Date of Disbursement | | | |
| Mailing Address 2501 Wisconsin Ave., Suite 304 | NW | | $\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} &$ | | | |
| City Washington | State Zip Code DC 20007 | | Amount of Each Disbursement this Period | | | |
| Purpose of Disbursement | | | 1000.00 | | | |
| Candidate Name | | Category/ Type | | | | |
| Office Sought: X House Disbur Senate President State: LA District: 07 | sement For: 2010 Primary X General Other (specify) ▼ | | | | | |
| Full Name (Last, First, Middle Initial) Eric CANTOR FOR CONGRESS | | | Transaction ID: SB23.5749 Date of Disbursement | | | |
| Mailing Address P. O. Box 17813 | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ | | | |
| City Richmond | State Zip Code VA 23226 | | Amount of Each Disbursement this Period | | | |
| Purpose of Disbursement Candidate Name | | Category/ | 1000.00 | | | |
| | sement For: 2010 | Type | | | | |
| Senate President | Primary X General Other (specify) | | | | | |
| State: VA District: 07 | | | | | | |
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| TEMIZE | D DISE | BURSEMEN | NTS | for each | category of the Summary Page | (check on 21b 27 | 22 28a | X 23 28 | 24 280 | 25 | |
| | | rom such Reports | | | | | | | | | |
| NAME O | F COMMIT | TEE (In Full) Iar Surgery Po | | | | | | | | | |
| | | t, Middle Initial) | | | | | Tran | saction | D : SB2: | 3.5759 | |
| BOEHN | IER FRIEN | NDS OF JOHN | | | | | M | of Disbu | D / | YY | Ϋ́Υ |
| Mailing A | | 7908 Cincinna Suite I | ti Dayton F | Road | | | 0 9 | | 20 | 20 | 10 |
| City West C | hester | | | State OH | Zip Code 45069 | | Amo | unt of Ea | ch Disburs | sement th | is Perio |
| Purpose | of Disburse | ment | | | | • | † L. | | | 2000. | .00 |
| Candidat | e Name | | | | | egory/ ype | | | | | |
| Office Sc | | House Senate President | Disburse | ement For: Primary Other (spe | 2010 X General ecify) ▼ | | | | | | |
| State: O | | istrict: 08 | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Phil GINGREY FOR CONGRESS | | | | | | | of Disbu | | | |
| Mailing A | address | PO Box U | | | | | 0 9 | M / | 15 | y ž0 | 10 |
| City Marietta | a | | | State GA | Zip Code 30060 | | Amo | unt of Ea | ch Disburs | sement th | is Peric |
| Purpose | of Disburse | ment | | | | | | | | 1000. | .00 |
| Candidat | e Name | | | | | egory/ ype | | | | | |
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| Full Nam | e (Last, Firs | t, Middle Initial) OR CONGRES | S | | | | | saction of Disbu | D : SB23 | 3.5746 | |
| Mailing A | | 607 14th Stree Suite 800 | et, NW | | | | 0 ^M 7 | , M / | 13 / | ^Y ^Y 20 | 10 |
| City Washin | gton | | | State DC | Zip Code 20005 | | Amo | unt of Ea | ch Disburs | sement th | is Perio |
| | of Disburse | ment | | | | | 1 L | | | 1000. | .00 |
| Candidat | e Name | | | | | egory/ ype | | | | | |
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| | | President | | Other (spe | eciry) 🔻 | | | | | | |
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| SCHEDULE B (FEC Form 3X) | | LINE NUMBER: PAGE 22 / 22 |
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | ck only one) 21b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) Society for Vascular Surgery Political Action | n Committee | |
| Full Name (Last, First, Middle Initial) JANE BERGMAN NORTON Mailing Address 6400 S FIDDLERS GREI | EN CIRCLE | Transaction ID: SB23.5751 Date of Disbursement 0 8 D D D D D D D D D D D D D D D D D D |
| SUITE 950 City | State Zip Code CO 80111 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 500.00 |
| Candidate Name | Categor Type | |
| | ment For: 2010 Primary General Other (specify) | |
| Full Name (Last, First, Middle Initial) DEBBIE STABENOW | | Transaction ID: SB23.5754 Date of Disbursement 0 9 1 5 2 0 1 0 |
| Mailing Address 7143 STEEPLE CHASE | | |
| | State Zip Code MI 48917 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 1000.00 |
| Candidate Name | Categor Type | ry/ |
| · - | ment For: 2012 Primary General Other (specify) | |

| SUBTOTAL of Disbursements This Page (optional) | • | 1500.00 |
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| TOTAL This Period (last page this line number only) | • | 8000.00 |

State: MI